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1.	RECIPIENT	COMPANY	FAX NO.	PHONE NO.
	Robert Morgan, Examiner Group 2166	U.S. Patent & Trademark Office	703/746-5583	

## • MESSAGE •

Re: Applicant: Rahul R. Vaid  
Serial No. 09/409,242  
Filing Date: September 30, 1999  
Group Art Unit: 2166  
Title of Invention: Pre-Paid Airline Tickets  
Docket No. 61582-00001USPT

### Message:

Pursuant to our conversation, attached herewith is a copy of the Power of Attorney and Change of Address for the above-identified patent application. Please let me know if you have any questions. Thank you.  
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214/855-4188 (Phone)  
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From: Kevin A. Oliver

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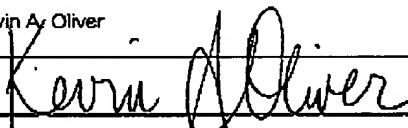
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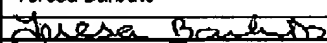
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/409,242	
	Filing Date	September 30, 1999	
	First Named Inventor	Vaid	
	Group Art Unit	2166	
	Examiner Name	Morgan, Robert W.	
Total Number of Pages in This Submission	3	Attorney Docket Number	RVZ-001.01

<b>ENCLOSURES (check all that apply)</b>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Revocation of Power of Attorney or Authorization of Agent <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Fax Cover Sheet
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<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
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Signature	
Date	September 16, 2002

<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b>			
I hereby certify that this correspondence is being transmitted by facsimile to the U.S. Patent Trademark Office, Technology Center 2100, at facsimile number (703) 746-7239 on this date: 09/16/02			
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